

EXHIBIT**38-R**

exhibitstickers.com

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0104-12-CID081
0279-11-CID093-42143

PAGE 1 OF 1 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1429, 5 Sep 12, this office received a Request for Assistance from SA [REDACTED] Fort Stewart CID Office, Fort Stewart, GA, 31314 (FSGA) to obtain any documentation pertaining to PVT Isaac G. AGUIGUI, XXX-XX-[REDACTED], HHD 6-8 CAV, 4IBCT, FSGA, and he deceased wife SGT Deirdre A. AGUIGUI, XXX-XX-[REDACTED] 4-3 BSTB, 4IBCT, FSGA, while they were assigned to US Military Academy, West Point, NY (WPNY).

About 1351, 6 Sep 12, SA [REDACTED] obtained digital copies of disciplinary documentation from MAJ [REDACTED] Brigade Tactical Officer (BTO), USMAPS, WPNY, regarding PVT AGUIGUI, which indicated PVT AGUIGUI was separated from USMAPS for several honor code violations as well as for making physical and verbal threats to other Cadet Candidates (CC) one incident in which PVT AGUIGUI placed the blade of a knife to the throat of another CC. MAJ [REDACTED] related some of the schools hard copy records were still located in storage do to a recent move from Fort Monmouth, NJ.

About 1710, 7 Sep 12, SSG [REDACTED] USMAPS, delivered the original files pertaining to PFC AGUIGUI and SGT AGUIGUI to this office, which contained statements corroborating PFC AGUIGUI'S reason for separation.

About 1351, 11 Sep 12 SA [REDACTED] coordinated with SA [REDACTED] FSGA, and briefed him on the status of this investigation. He stated his office did not need any further investigative activity pertaining to this matter.
///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA [REDACTED]

ORGANIZATION
West Point CID Office
616 Swift Road
West Point, NY 10996

SIGNATURE [REDACTED]

DATE

11 Sep 12

EXHIBIT

66

CID FORM 94
1 FEB 77FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

001400

CONFIDENTIAL
JAHR0020947

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) Aguigui, ISSAC	Rank/Grade CC	Social Security No.	Date of Counseling 9 NOV 09
Organization USMAPS	Name and Title of Counselor CC [REDACTED]		

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Possession of illegal blade of more than 3" in length
 • Use of Knife in threatening manner towards fellow CC.
 (PAT DAY)
 • Failure to report to mandatory study barracks.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- Regulations Book clearly states the limit to which a CC can have a knife on Fort Monmouth and within USMAPS.

- Threatening CC's undermines the squad, the Army Values and is a criminal offense.

- Failure to report to study barracks is a failure of duty.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment, (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the subordinate goal(s). The actions must be specific enough to modify or maintain the subordinate behavior and include a specified time line for implementation and assessment (Part IV below)

- Possession of illegal blade - 5 hours
 - Threatening CC DAY, PAT with knife - 5 hours
 - Failure to report to study barracks - 2 hours
- 12 hours total

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☒ agree ☐ disagree with the information above.
Individual counseled remarks:

Signature of Individual Counseled: *James H. [illegible]*

Date: 9 Nov 09

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: [Redacted]

Date: 9 Nov 09

Part IV OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____

Individual Counseled: _____

Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

DEVELOPMENTAL COUNSELING FORM <small>For use of this form, see FM 6-22; the proponent agency is TRADOC.</small>			
DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary. DISCLOSURE: Disclosure is voluntary.			
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI) Aguigui, Issac	Rank/Grade CC	Social Security No.	Date of Counseling 9 Nov 05
Organization USMAIPS	Name and Title of Counselor CC [REDACTED]		
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.) <div style="font-family: cursive; font-size: 1.2em;"> Threatening CC Crisman with illegal knife by holding knife the in an aggressive manner towards CC Crisman. </div>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling. Key Points of Discussion: <div style="font-family: cursive; font-size: 1.2em;"> - Criminal offense to threatens one's life with a weapon. - Goes against all army values. </div>			
OTHER INSTRUCTIONS <small>This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.</small>			

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the subordinate's goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

Threatening CC Crisman's life with illegal blade - 10 hours

10 hours total

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: ☒ I agree ☐ disagree with the information above.
Individual counseled remarks:

Signature of Individual Counseled:

[Signature]

Date:

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor:

[Redacted Signature]

Date:

9 NOV 09

THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor:

Individual Counseled:

Date of Assessment:

Note: Both the counselor and the individual counseled should retain a record of the counseling.

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent of this form is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 Dated November 22, 1943 (SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately recorded.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION BETWEEN BULDINGS 1205 E AND BRAVO BARRACKS	2. DATE (YYYYMMDD) 2006-11-06	3. TIME unknown	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-4/RA	
8. ORGANIZATION OR ADDRESS ALPHA COMPANY, USMAPS, 1205 ABBEY ROAD, FORT MONMOUTH, NJ			

9.

I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the evening of November 7, 2009, a group of CC's and I were walking back from the bubble where we had been playing ultimate football. This group consisted of [REDACTED] and myself. While we were walking towards the entrance of 1205 E, away from the Bravo Company Barracks, CC Aguigui came out of 1205 E in civilian clothes and passed by our group while heading towards the Bravo Company Barracks. While he passed by my group, CC Chrismon made a comment to CC Aguigui that he was a European model. CC Aguigui then quickly turned to CC [REDACTED] and withdrew something from his back pocket and moved the unknown object towards CC Chrismon's throat and said, "the European model has a seat for you assa." CC [REDACTED] did not take any actions against CC Aguigui because we still had not realized what CC Aguigui had in his hand. Once the two CC's moved away from each other, CC Aguigui began to put the object back in his sheath when we realized that it was a knife. CC Aguigui proceeded into the Bravo Company Barracks and we made our way to the CQ desk in 1205 E. We had been sitting by the CQ desk for a few minutes when CC Aguigui came in and said, "That was really fucked up, sorry." and CC Chrismon responded, "If you don't stop that again, I will fuck you up."

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____."		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72 IS OBSOLETE

USAPA V1.00

For Official Use Only
 Law Enforcement
 Sensitive

00161
 Exhibit
 CONFIDENTIAL
 JAH0020962

0279-11-C10093-4214

STATEMENT OF Alexander J. Broman TAKEN AT 1058 DATED November 10, 2009

9. STATEMENT (Continued)

No more follows.

AFFADAVIT

I, Alexander J. Broman, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____ at _____

WITNESSES:

 ORGANIZATION OR ADDRESS

 ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

U 279-11-C, D 093-42

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION USMAPS	2. DATE (YYYYMMDD) 09 NOV 09	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS CC	
8. ORGANIZATION OR ADDRESS USMAPS			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

During the meeting with MAJOR [REDACTED] CC Aguiqui, CC [REDACTED] CC [REDACTED] and myself, I ~~witnessed~~ CC Aguiqui reply with a stern answer of "no" when asked by Major [REDACTED] if he has ever committed a threshold violation. Major [REDACTED] repeated the question and asked him again if he committed a threshold violation, again ~~answered~~ with ~~no~~ CC Aguiqui was given at least two more opportunities throughout the meeting when asked again about the threshold but CC Aguiqui answered with no.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, NOV 2006

DA FORM 2823, DEC 1998, IS OBSOLETE

APD V1.00

For Official Use Only
Law Enforcement
Sensitive

Page 2 of 2 Pages

Exhibit 141 CONFIDENTIAL
JAHR0020964

STATEMENT OF [REDACTED]

TAKEN AT

USMAPS

DATED

9 NOV 09

9. STATEMENT (Continued)

Nothing follows
Nothing

AFFIDAVIT

[REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE

OF

PAGES

DA FORM 2823, NOV 2006

APD V1.00

For Official Use Only
Law Enforcement
Sensitive

Page _____ of _____ Pages

Exhibit

CONFIDENTIAL
JAH0020965

0279-11-CID093-121 3

SWORN STATEMENT

For use of this form, see AR 180-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION USMAPS 1205 E	2. DATE (YYYYMMDD) 20091109	3. TIME 1415	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E5/CC	
8. ORGANIZATION OR ADDRESS USMAPS 1205 Abner Ave Fort Monmouth NJ 07703			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On Thursday, 5 Nov 2009, CC [REDACTED] CC [REDACTED], and CC [REDACTED] came to my room asking for advice in a situation. They told me that CC [REDACTED] and CC Agutgut were having sex in CC [REDACTED] and CC Agutgut's room or CC Agutgut's bed. I went to check it out for myself and tried, going through the adjacent suites bathroom side as they informed me the hallway door was locked. As I looked in the room from the bathroom, I heard heavy breathing, saw Agutgut's head over the door and the two of them moving back and forth in circles. The view was partially obscured by the dividing wall, so I cannot confirm or deny if they were having sex. I can however attest to there being a "threshold violation." →

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF _____ PAGES
-------------	---	-----------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF

TAKEN AT

USMARS 1421

DATED

9 Nov 09

9. STATEMENT (Continued)

After witnessing this I exited the bathroom and went to his hallway door. I knocked loudly and yelled for Aguilar to let me in. There was no answer and the door was locked. After about 3 minutes the door lock clicked and I re-knocked. This time he opened the door, shirtless, sweaty, and covered in scratches, grinning. I ~~walked in and asked him what he was doing, and he replied, "Dude, could you please leave, she is naked in the closet right now."~~ At that point I left. This all happened at about 1215L on 5 Nov 09.

Nothing
Nothing Follows

INITIALS OF PERSON MAKING STATEMENT

PAGE

OF

PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
Sensitive

Page ____ of ____ Pages

Exhibit

APD V1.00
CONFIDENTIAL
JAHR0020967

STATEMENT OF

TAKEN AT

SMPS 1415

DATED

9 Nov 09

9. STATEMENT (Continued)

NOTHING Follows
NOTHING Follows

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS, AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE

OF

PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
Sensitive

Page ____ of ____ Pages

Exhibit 42
CONFIDENTIAL
JAH0020968

0-279-11-C10093-42143

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION 1205 E	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN 9313	7. GRADE/STATUS E-1/CC	
8. ORGANIZATION OR ADDRESS USMAPS			
9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: I witnessed CC Issac Aguigui and CC Wetzler I saw Aguigui's room having sexual intercourse on Thursday [REDACTED] of last week. CC [REDACTED] and I were going to hang out in his room. When we went to his room the door was locked. Therefore we had to enter [REDACTED] / Aguigui's room through CC [REDACTED] / CC [REDACTED] room. We went into [REDACTED] room and heard music playing and movement. Then we looked over and saw [REDACTED] on top of Aguigui. We were surprised So we went into the bathroom. We went back in the room 5 min later and Aguigui heard us and told us to leave. Another 5 min passed and [REDACTED] needed to get something out of his room			

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF

TAKEN AT

14:03

DATED

9th Nov 2017

9. STATEMENT (Continued)

CC [REDACTED] and ~~I followed where we~~
~~witnessed Agui. got and was going to~~
~~see~~ We quickly ran out of the room.
we went to [REDACTED] for advice where
then he went down to the room, looked
in through the bathroom, went back
around to the front knocked on the door
and told Agui. to stop. Agui. opened
the door and said give me a minute...
She has to put her ~~clothes~~ clothes
back on.

Nothing
further

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

VE 17-11-610093-42143

STATEMENT OF

TAKEN AT

14:03

DATED

9th Nov 2009

9. STATEMENT (Continued)

Nothing further

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS, AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

DA FORM 2823, NOV 2006

APD V1.00

For Official Use Only
Law Enforcement
Sensitive

Exhibit 42 CONFIDENTIAL
JAH0020971

0279-11-CA0093-4214

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION 1205 E	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS C.L.	
8. ORGANIZATION OR ADDRESS USMAPS			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On Thursday, November 5th at approximately 12:15 in the afternoon, I ~~tried to open my door and it was locked~~ I heard music playing so I knocked but no one answered the door. After this me and CC [REDACTED] decided to go round the other side of the room and enter through the bathroom. As soon as we walked in ~~CC wetter on top of CC Aguigui so we immediately entered the room~~. About 5 minutes later we came back in with [REDACTED] and CC Aguigui stood up and asked we leave the room for 10 minutes. Then we began to get angry because we wanted to be in my room so we got CC [REDACTED] and he came down, saw what the intercourse taking place and went around and knocked on the door and to CC Aguigui to stop. When he opened the door he was breathing

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

0279-11-CJ0093-42143

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF

TAKEN AT

USMPS

DATED

9 Nov 09.

9. STATEMENT (Continued)

heavy with no shirt on and scratches on his chest.
The room smelled terrible and ~~he asked if we~~
~~could wait to come in until CC wetzker put his~~
~~clothes back on.~~

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
Sensitive

Page ____ of ____ Pages

Exhibit 2
CONFIDENTIAL
JAH0020973

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION 1205E	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS C.C	

8. ORGANIZATION OR ADDRESS

9.

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the night of Sunday, Nov 8th I returned back from pass and the first thing he said to me was, "Someone has been messing up my bed". I proceeded upstairs to my room to find my bed was all messed up and somebody had pulled my internet cord out of my computer. It looked as if someone had used my cord to use their computer on my bed. I waited for CC Asquivi's Co shift to be over and when he came in the room I began to question him. After about 5 minutes of questioning he confessed to me that he and CC [REDACTED] had been watching movies in my bed. I began to get angry and I told him I was going to call Sergeant [REDACTED] or Major [REDACTED]. I told him they would probably give me permission to beat him up for being in my bed with another CC female. He then told me

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

0279-11-C10093-42143

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF

TAKEN AT

USMAPS

DATED

9 Nov 09

9. STATEMENT (Continued)

~~that if I ever tried to do anything he was going to~~
~~"stab" and "murder" me.~~ After this I went to my
 squad leaders room, CC [REDACTED], and we went in and told
 Asutjui to keep his knife away. I ~~then slept on~~
~~C.C. [REDACTED] floor because I did not want to be~~
~~in the same room as GL Asutjui with his knife.~~

INITIALS OF PERSON MAKING STATEMENT

PAGE 7 OF 2 PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
SensitivePage _____ of _____ Pages
Exhibit _____
CONFIDENTIAL
JAH0020975

APD V1.00

0279-11-CID093-42143

STATEMENT OF [REDACTED]

TAKEN AT

USMAPS

DATED

9 NOV 09

9. STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

C.C.

C.C.

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
Sensitive

Page _____ of _____ Pages

Exhibit 76
CONFIDENTIAL
JAH0020976

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION 1205 ABNEY AVE.	2. DATE (YYYYMMDD) 2009119	3. TIME 1412	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS UNITED STATES MILITARY ACADEMY PREPARATORY SCHOOL			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2009 NOVEMBER 5th,
AT APPROXIMATELY 1200 HOURS, I ~~OBSERVED CC AGUICENT THREATENING~~
~~SEX ON HIS BED WITH A FEMALE AS MUSIC PLAYED. AT~~
ON 2009 NOVEMBER 8th
APPROXIMATELY 2300 HOURS, I ~~OBSERVED CC AGUICENT THREATENING~~
~~CG DAN VERBALLY TO STAB HIM WITH A KNIFE IF THEY~~
WERE TO FIGHT.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

0014-010093-42143

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION USMAPS	2. DATE (YYYYMMDD) 20091110	3. TIME 1125	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-3	
8. ORGANIZATION OR ADDRESS			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the night of 7 NOV, [REDACTED] and I were walking back to 1205 East building when CC Aguiqui crossed our path. [REDACTED] commented on the clothes CC Aguiqui was wearing. He said, "Aguiqui you look like a European model." Aguiqui immediately spun around, pulled a knife from the sheath on his belt, and placed the knife to [REDACTED] neck. Aguiqui told [REDACTED] "a European model that's about to end your life." Our group did not recognize that it was a knife until Aguiqui put the knife back into the sheath. [REDACTED] upon recognizing that it was in fact a knife put to his throat, pushed Aguiqui and told him to never do that again or [REDACTED] could "hide his ass." Aguiqui approached [REDACTED] later and told him that it was "fucked up" what he had done with the knife. Aguiqui more or less apologized.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF [REDACTED]

TAKEN AT

USMAPS

DATED

10 NOV

9. STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____, at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

0279-11-C1D093-42143

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION <i>Quad in front of DFAC</i>	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS <i>E1</i>	
8. ORGANIZATION OR ADDRESS <i>USMAPS Alpha Company</i>			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On ~~Saturday, September 15, 2011~~, myself, CC [REDACTED] and [REDACTED] were walking from the bubble. We get into the quad in front of the DFAC and CC Aguigui comes out of the Bravo company Barracks. As Aguigui passed me ~~I said "Aguigui, you look like a European model."~~ He turned ~~took a knife out of his back pocket put the knife to my neck and said "the European model that's about to end your ass."~~ He ~~put his hand~~ ^{put his hand} on my shoulder with the blade on all ~~the way~~ ^{the way} my neck. At this time I pushed him off, he ~~turned and put the knife in his left back pocket and walked away.~~ He ~~later~~ came about 10 minutes later and said that that was wrong to do. I do not know if he still had the knife. I did not want to test it, ~~I then told him that~~

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <i>2</i> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF [REDACTED] TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

~~if he did that again I would probably~~
~~fuck him up.~~

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF [REDACTED]

TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED] (Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

DA FORM 2823, NOV 2006

For Official Use Only
Law Enforcement
Sensitive

APD V1.00

Exhibit 77
CONFIDENTIAL
JAH0020982

11-00093-42143



DEPARTMENT OF THE ARMY
Battalion Tactical Department
United States Military Academy Preparatory School
Fort Monmouth, New Jersey 07703



MAPS-BTD-A

10 November 2009

MEMORANDUM FOR BATTALION TACTICAL OFFICER, USMAPS

SUBJECT: Battalion Tactical Officer's Board Packet for CC Aguigui, Isaac

1. CC Aguigui, Isaac will attend the Battalion Tactical Officer's Board on 12 November 2009 to address his pattern of misconduct at USMAPS.
2. CC Aguigui has demonstrated a disturbing pattern of misconduct over the past several weeks which warrant a BTO board at the earliest date. The pattern of misconduct involves failing to attend mandatory study barracks, honor violation, lying to a tactical officer, several threshold violations, possessing a weapon (i.e., knife) and having intercourse in the barracks. However, the most severe incident involves verbally and physically threatening the livelihood of two CCs (i.e., [REDACTED]). With regard to CC [REDACTED], CC Aguigui verbally and physically threatened his life by brandishing his knife to CC [REDACTED]'s neck. The attached sworn statements speak to the aforementioned pattern of misconduct and it is my strong opinion that CC Aguigui be expeditiously separated from USMAPS.
3. Point of Contact for this memorandum is the undersigned at (732) 532-5160.

[REDACTED]
MAJ AV

[REDACTED]
Alpha Company Tactical Officer

Encls:
DA 2823 (8)

For Official Use Only
Law Enforcement
Sensitive

Exhibit 78
CONFIDENTIAL
JAHR0020983

USMAPS CADET CANDIDATE SEPARATION MEMORANDUM

MAPS-BTD

Date: 12 November 2009

MEMORANDUM FOR RECORD

SUBJECT: Separation of Cadet Candidate Isaac Aguigui

1. Reason:

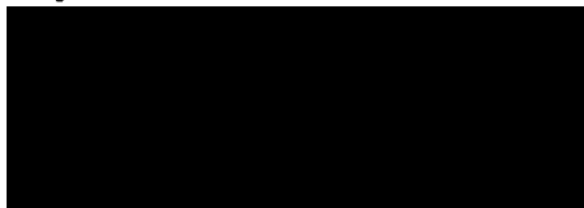
- a. Academic Failure:
- b. CFA Failure:
- c. Misconduct: CC Aguigui is being separated for exhibiting a pattern of misconduct over the past several weeks which initially warranted a BTO board. The pattern of misconduct involved failing to attend mandatory study barracks, honor violation, lying to a tactical officer, several threshold violations, possessing a weapon (i.e., knife) and having intercourse in the barracks. However, the most severe incident involves verbally and physically threatening the livelihood of two CCs (i.e., [REDACTED]). With regard to CC [REDACTED], CC Aguigui verbally and physically threatened his life by brandishing his knife to CC [REDACTED] neck. The attached sworn statements speak to the aforementioned pattern of misconduct. The result of the BTO board recommends that CC Aguigui be separated from USMAPS at the earliest possible date.
- d. Other:

2. Aguigui, Isaac

3. Company A, Room 115 A/B, Building 1205, Fort, Monmouth, New Jersey 07703

4. COMMENTS/RECOMMENDATIONS:

- a. Battalion Tactical Officer: I request separation of this Cadet Candidate for the reason(s) indicated above.



MAJ, AV
Battalion Tactical Officer

5. COMMANDANT'S DISPOSITION:

a. Approved/Disapproved

b. Comments: _____

USMAPS CADET CANDIDATE SEPARATION MEMORANDUM



COL, EN
Commandant and Dean

Encls:
DA 2823 (9)
Memorandum dated 10NOV09

Page _____ of _____ Pages
2

For Official Use Only
Law Enforcement
Sensitive

Exhibit 38
CONFIDENTIAL
JHR0020985

Copy 1

Circle the appropriate copy designation

Copy 2

Copy 3

Copy 4

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) COMMANDER MPD ATTN: AMSEL-PT-PSC-PSB FT. MONMOUTH, NJ 07703	3. FROM (Include ZIP Code) COMMANDER USMAPS ATTN: PAC FT MONMOUTH, NJ 07703
----------------------------	--	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) AGUIGUI, ISAAC G.	5. GRADE OR RANK/PMOS/AOC CC/09D10	6. SOCIAL SECURITY NUMBER [REDACTED]
--	---------------------------------------	---

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) SEPARATION OF COG
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW 612-205 para 9-d. Failure to complete the course due to his involuntary separation from the USMAPS course effective date 12 November 2009. CC Aguiqui was separated from the USMAPS course due to a pattern of misconduct, honor violation, lying to a tactical officer, threshold violation, possession of a weapon (knife), sexual intercourse in the barracks, and verbally and physically threatening the livelihood of two CC's.

2. Next of Kin: [REDACTED]

3. SM: DOB: 19910424

4. SM ETS: 20091116

5. Movement Designator Code: 7BE8

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☒ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

COL, EN, CMDT

20091112

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

For Official Use Only
Law Enforcement
Cancellation

APD PE v1.00ES

0014
CONFIDENTIAL
Exhibit 10020986